

APPLICATION FORM

APPLICATION FOR: _____

MAIL TO:

PLANNING & ZONING COMMISSION

Addison Town Hall
5300 Belt Line Road
Dallas, TX 75254

DATE: _____

CASE FILE: _____

APPLICATION

NOTICE TO APPLICANT

A COMPLETE APPLICATION for zoning action with the Town of Addison must consist of:

- The application form, properly filled out and signed by the applicant and the property owner and/or their assigned representatives.
- All required plans in detail as described in this application form, and
- A metes and bounds legal description of the property.
- The appropriate filing fee.

APPLICANT INFORMATION

1. NAME: _____

2. ADDRESS: _____

ZIP _____

PHONE: _____

3. FIRM: _____

4. OWNER OF PROPERTY AND ADDRESS IF DIFFERENT FROM APPLICANT:

5. REPRESENTATIVE (if any) TO WHOM CORRESPONDENCE SHOULD BE DIRECTED:

NAME: _____

FIRM: _____

ADDRESS: _____

PHONE: _____ FAX: _____

EMAIL: _____

DESCRIPTION OF PROPERTY

6. GENERAL LOCATION OR ADDRESS: _____

7. LAND AREA (in sq. ft. or acres): _____

ZONING

8. EXISTING ZONING: _____
9. PROPOSED ZONING: _____
10. WHAT IS PLANNED FOR PROPERTY AFTER REZONING:
- _____
- _____
- _____

**PLANS
REQUIRED
FOR
APPLICATION**

11. FOR ZONING CHANGES AND/OR PLANNED DEVELOPMENT DISTRICTS:
Eighteen (18) copies of the proposed site plan, landscaping plan, floor plans and elevations.
12. FOR SPECIAL USE PERMITS (S.U.P.): Eighteen (18) copies of the proposed site plan, landscaping plan, floor plan, and elevations:
13. FOR VARIANCES: Eighteen (18) copies of the appropriate plan indicating the exact nature of the variance.
14. **** ALL REQUIRED PLANS MUST BE SUBMITTED AT TIME OF APPLICATION.
8 1/2 " x 11" REDUCTIONS OF EACH SHEET MUST ALSO BE SUBMITTED.

FEES

15. THE APPROPRIATE FEE MUST ACCOMPANY THE APPLICATION.

ZONING:

Less than one acre.....\$150.00
One acre but less than five acres.....\$300.00
Five acres or more..... \$500.00

SPECIAL USE PERMIT.....\$ 425.00
VARIANCE.....\$ 50.00

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE.

**SIGNATURE
OF PROPERTY
OWNER AND
APPLICANT**

(Signature)

APPLICANT

(Signature)

PROPERTY OWNER

PAID _____
DATE _____ CK# _____
RECEIPT # _____